

UKON Autoship Order Form & Distributor Application

Enagic USA, Inc.

Headquarters
4115 Spencer St., Torrance, CA 90503
Phone: (310) 542-7700 / FAX: (310) 542-1700
Toll Free: (866) 261-9500 / cc@enagic.com

*** Automatic Renewal every 4 months***



PRINT CLEARLY

OFFICE USE ONLY <Do NOT Fill In>

*Applicant Information					
NAME	First Name or Company Name	Middle Name (or Middle Initial)	Application Date:		
	Last Name(s)		Are you currently an Enagic Distributor? <input type="checkbox"/> No <input type="checkbox"/> Yes Enagic ID #		
Driver's License #		State	Date of Birth		
Mailing Address (must match W9)			City	State	Zip Code
SS#			Phone Number		
Cell Number		Fax Number		Email Address	
Billing Address (if different from mailing address)			City	State	Zip Code
Shipping Address (if different from mailing address) C/O			Phone Number		
Address			City	State	Zip Code

*Sponsor Information	
Sponsor Name	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> REGISTER THIS APPLICANT AS YOUR [] A Under Sponsor ID Number: _____ </div>
Phone Number	

ITEM ORDERED	PAYMENT METHOD																																				
KANGEN UKONZ select one of the items below <input type="checkbox"/> A: Capsule (10 Boxes) <input type="checkbox"/> B: Tea (20 Boxes) <input type="checkbox"/> C: Soap (2 Boxes of 16 bars) <small>"A" (Capsule 10 boxes) will be selected if you do not check anything.</small> <input type="checkbox"/> COMBINATION (pick two of them) <small>* CAPSULE *TEA *SOAP</small>	<div style="text-align: right;">Sales _____</div> <div style="text-align: center; margin-top: 10px;"> <table style="margin: auto;"> <tr> <td><input type="checkbox"/> SINGLE PAYMENT</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">\$760</td> <td style="text-align: center;">+</td> <td style="text-align: center;">+ \$15</td> <td style="text-align: center;">=</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: center;">UKON Price</td> <td></td> <td style="text-align: center;">Tax Shipping</td> <td></td> <td style="text-align: center;">Total</td> </tr> </table> </div> <hr/> <div style="text-align: center; margin-top: 10px;"> <table style="margin: auto;"> <tr> <td colspan="6"><input type="checkbox"/> ENAGIC PAYMENT: ***\$10 Installment Fee per month applies for fiance plan (\$10 x 4 installment payments)</td> </tr> <tr> <td></td> <td style="text-align: center;">\$760+\$40***</td> <td style="text-align: center;">-</td> <td style="text-align: center;">(\$180 x 3)</td> <td style="text-align: center;">+</td> <td style="text-align: center;">+ \$15</td> </tr> <tr> <td></td> <td style="text-align: center;">UKON Price</td> <td></td> <td style="text-align: center;">Finance Amount</td> <td></td> <td style="text-align: center;">Tax Shipping Down Payment</td> </tr> </table> </div>	<input type="checkbox"/> SINGLE PAYMENT							\$760	+	+ \$15	=	\$ _____		UKON Price		Tax Shipping		Total	<input type="checkbox"/> ENAGIC PAYMENT: ***\$10 Installment Fee per month applies for fiance plan (\$10 x 4 installment payments)							\$760+\$40***	-	(\$180 x 3)	+	+ \$15		UKON Price		Finance Amount		Tax Shipping Down Payment
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*Payment Information : CREDIT CARD			***COMPLETION OF ALL OF THE FOLLOWING IS REQUIRED***		
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex <input type="checkbox"/> Discover			<small>No Diner's Cards</small>		
Credit Card Number / Checking Account Number		Expiration Date / Checking Account Routing Number		CVV #	
Card Holder Name (Print Clearly)			Card Holder Signature		

***** Please fill out Alternate Payer Form if someone beside the applicant will be making down payment and/or monthly payment. *****

I hereby certify that the information provided on this Payment Application is complete and accurate to the best of my knowledge. I have read and understood the Return Policy which states the procedure I must follow in order to receive any possible refund. I authorize ENAGIC USA, INC. ("Company") to debit the amount I have indicated above from my credit card. I understand and agree that the balance must be paid in full, including any applicable late fees or charges. It is the responsibility of the Applicant to keep track of payments due. A \$20 Late Fee will be applied to the account every time a payment is missed. If you fail to make a monthly payment, Enagic may offset the payment amount from your commissions. It is the responsibility of the Applicant or the Alternate Payer to inform the Company of any change in payment and/or contact information at least one (1) week prior to the payment due date. By signing the line below, you are acknowledging that you have read and understood the terms and conditions which include the Company's Policies and Procedures and Return Policy. Terms and Conditions are subject to change with or without notice.

I understand payment above is for an initial tier of four (4) months. I understand my payment due date of each month will be the date I purchase this product. I authorize Enagic to automatically renew for successive four(4) month terms unless I submit a Cancellation Form prior to the expiration of the four (4) month term. Upon renewal, I understand that the item I ordered will be automatically shipped to my mailing address every four (4) months, and I will be responsible for the payment of all received UKON products.

This Agreement is governed by the laws of California and proper venue will lie in a court of competent jurisdiction located nearest to the Company's headquarters. I certify that I have been furnished a copy of the Company's Policies and Procedures whose contents (including any amendments or restatements hereafter published) are incorporated by reference as if fully set forth herein. I have read and understood the aforementioned document and agree that this sets forth the exclusive terms and conditions of my agreement with the Company.

Applicant Name	Print Sponsor Name
Applicant Signature	Sponsor Signature
Date	Date